Health Enrollment and Assessment Review (HEAR 1.0)

HEAR Information Data Display

Health Evaluation and Assessment Review (HEAR 2.0)

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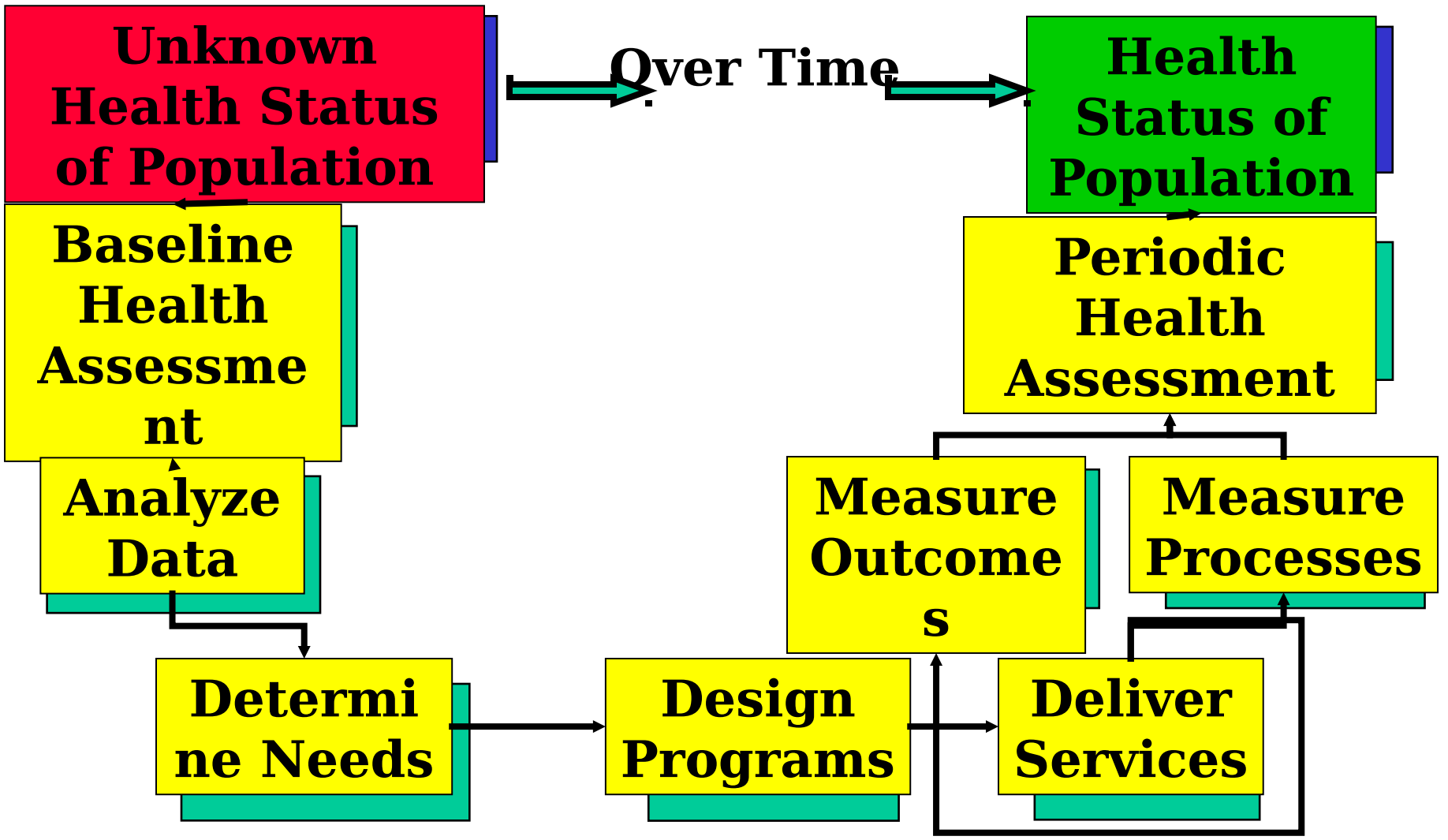
"The shift from episodic treatment of illness to managing the healthcare needs of an enrolled population of veterans will require innovative approaches to care. Home and community-based services must be integrated with primary, secondary, and tertiary care in such a way that 'reliable,' comprehensive healthcare is provided to veterans in an individualized, seamless, coordinated manner across settings and

Improving the Health of a Population



POPULATION IDENTIFICATION

"The HEAR Process"

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(VA Conference 98)

Health Enrollment Assessment Review (HEAR)

- **Describes the health status and needs of the population upon enrollment**
- **Defines health status of enrollees in terms of**
  - Health risk behaviors
  - Need for preventive screenings
  - Chronic disease history
  - Medical resource utilization
  - Level of care required
- **Morbidity based**

HEAR

File providing Member/PCM nking information

HEAR SOFTWARE

HEAR Questionnaire

PERSONALIZED PATIENT REPORT

Patient

- Clinical Preventive Services Needs
- High Resource Utilizers
- Patient Care Leve
- Health Risk Factors
- Chronic Disease History

PCM REPORT

Primary Care Manager (PCM) or Team

MTG

- Preventive
- Services
- Risk Factor
- Counseling
- Chronic Disease
- Management
- Health Care
- Planning
- Health Promotion
- Case

HEAR Reports

- **Patient Report gives enrollee details of:**
  - currency for preventive services
  - health risk factors
  - chronic disease history

HEAR Reports

- **Primary Care Manager (PCM) Report**

details of enrollees' self-reported info on:

- need for preventive screenings
- health risk factors
- chronic disease history
- self-reported health status
- resource utilization and level of care predictions

HEAR Reports

- **Ad Hoc reports on virtually any field**
  - **Risk factors:** (i.e. smoking, obesity, stress, depression, activity limitations, etc.)
  - **Preventive screening:** (i.e. pap smears, mammography, BP, tetanus, etc.)

HEAR Reports

- **Ad Hoc reports** (continued)
  - **Chronic diseases:** (i.e. asthma, diabetes, neurological, cancer, heart disease, arthritis, liver, kidney, etc.)
  - **Resource utilization:** (i.e. number of outpatient visits (OPV) in last 12 months, number of prescription medications, and ER visits in past year, hospitalizations, etc.)

HEAR Reports

- **Ad Hoc reports** (continued)
  - **Level of care:** prediction based on nine different variables such as number of OPVs, age, chronic diseases, ER visits, etc.

HEAR (1.0) Modules

- Smoking
- Alcohol
- Satisfaction & family
- Stress & mental health
- Absenteeism & activity level
- Chronic conditions
- Medical care (utilization)
- Collects some family data
- Most of the data collected is comparable to other survey instruments

HEAR (1.0) Data (n=236,562)

Gender:	All Ages	50-60	> 60
Male	95,122	12,439	10,660
Female	141,373	15,475	9,659

Chronic Disease Burden

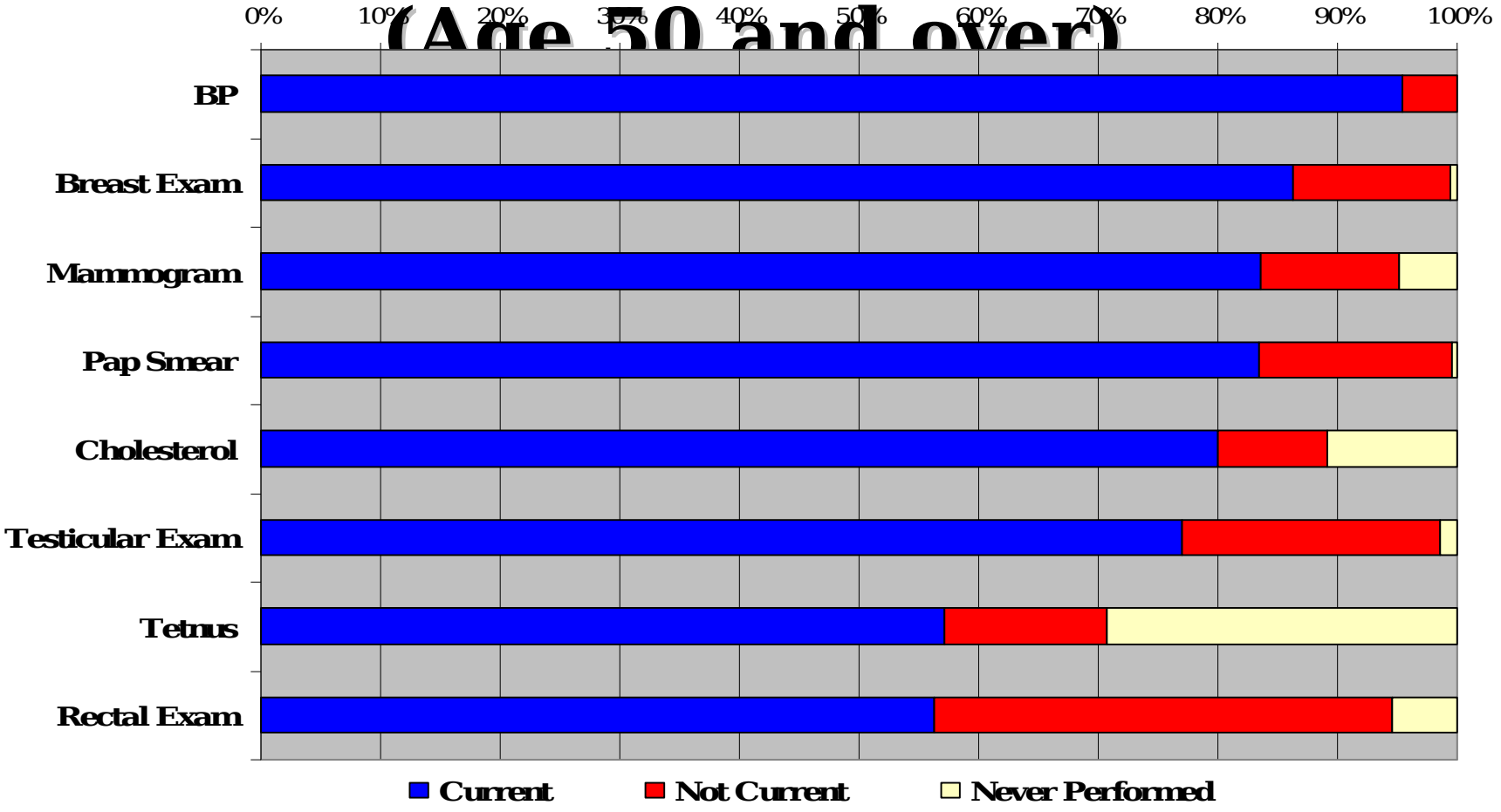
(Age 50 and over)

	Male	Female
Arthritis	229	**349**
Asthma	119	132
Cancer	**884**	84
Depression	**724**	155
Diabetes	**1283**	62
Emphysema	**884**	92
Family Hx Heart Disease	**5305**	**599**
Heart attack	**1054**	19
HIV	6	0

Chronic Disease Burden
(Age 50 and over)

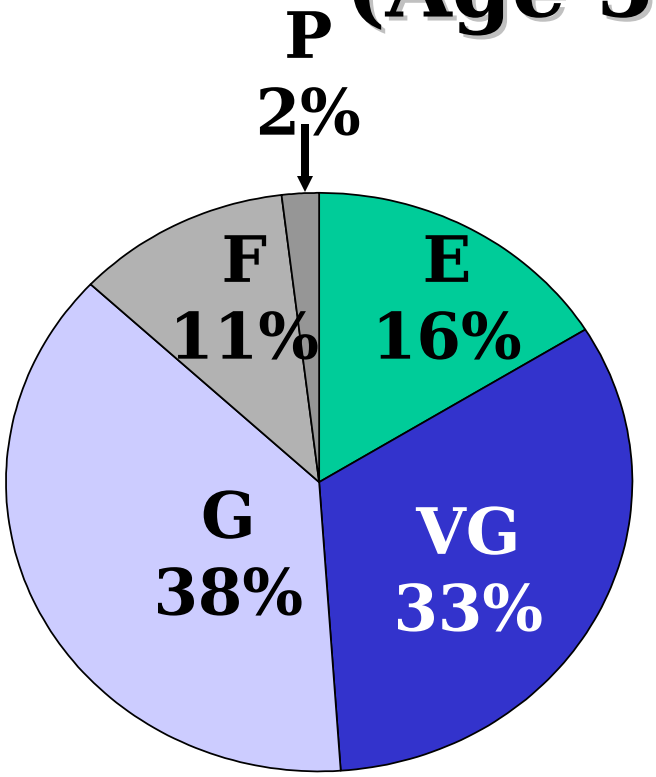
	Male	Female		
Muscle/Joint/Back	**3242**		**449**	
Parkinsons Disease	150	11		
Stroke	317	7		
Ulcer	**1049**		75	

Currency of Clinical Preventive Services (Age 50 and over)

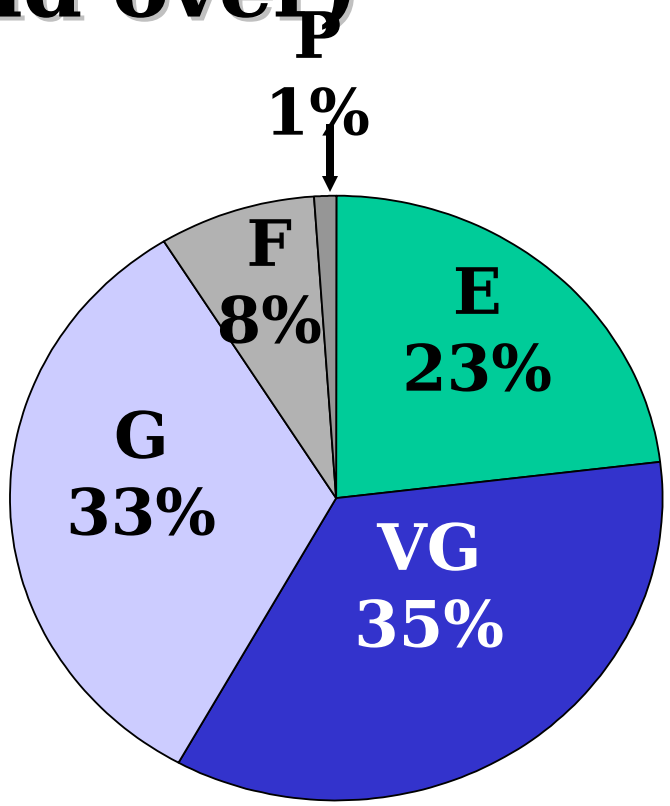


Perceived Health Status

(Age 50 and over)

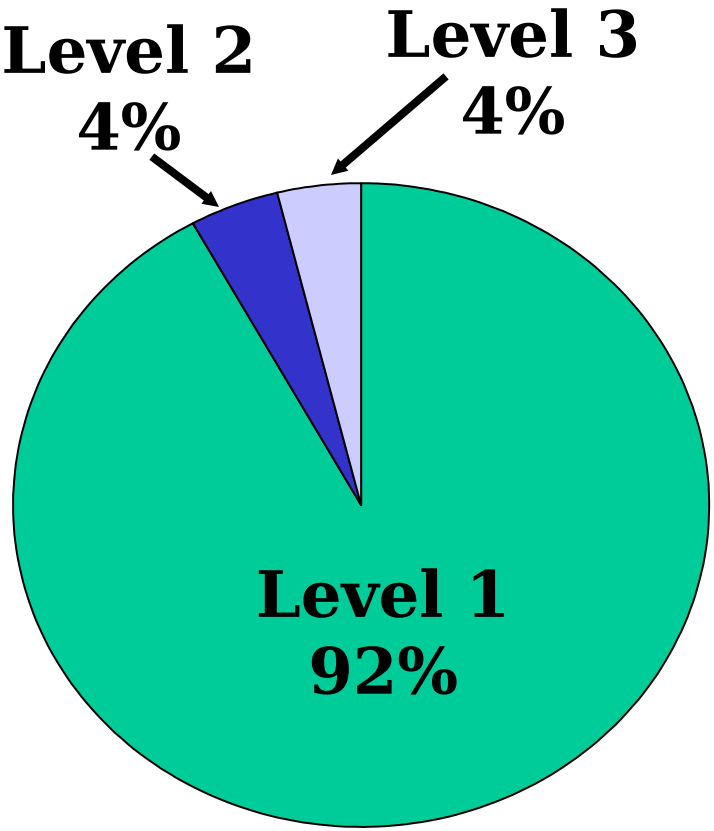


Males

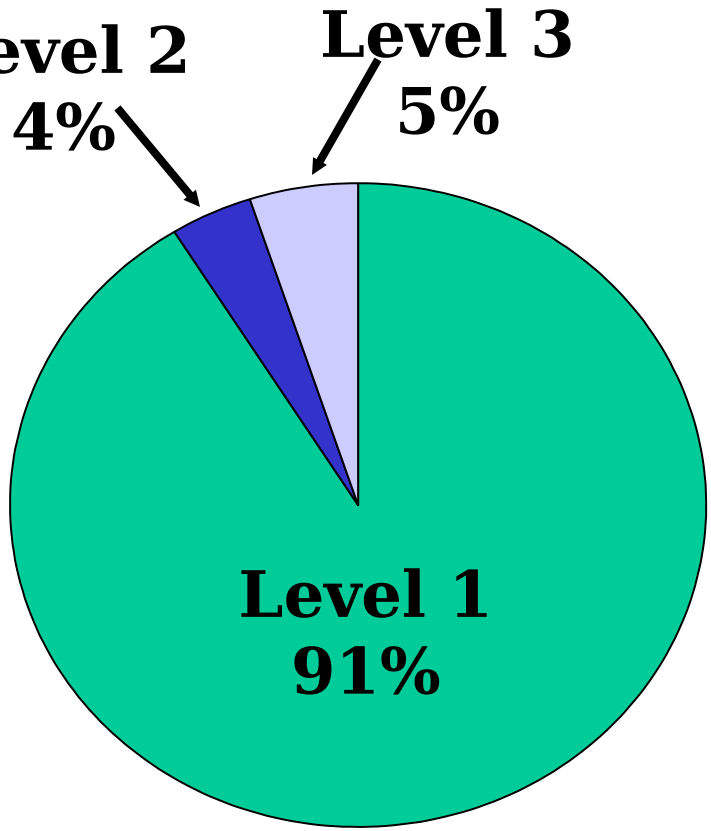


Females

High Resource Utilization
(Age 50 and over)



Males



Females

HIDD

HEAR Information Data Display

An Access Based Program to review HEAR data

www.ophsa.brooks.af.mil

HIDD

- **Released 1 September 98**
- **Initial distribution** and support is through TRICARE Lead Agents
- **Systems requirements**:
  - Pentium 166 MHZ
  - 32 MB RAM/60 MB Disk Space
  - Windows 95/Microsoft Access 97
  - Compression software (PKUNZIP, WINZIP, etc)

HIDD Features

- Based on HEAR 1.0
- Represents **snap shot of self-reported data** that has **not** been assessed/confirmed by PCM
- Analysis and creation of queries **not** included in HIDD can be done through Access with appropriate training
- Queries based on HEAR 1.0 questions, MHS Report Card, Healthy People 2000+, Consensus of Tri-service working group

HIDD Limitations

- Is **not** an epidemiological assessment tool
- **Cannot** be used to correct HEAR data or generate PCM reports and patient letters
- Utilization of HEAR Data and HIDD should be a **tool** in a comprehensive prevention program

About Hidd

H. E. A. R.

Information Data Display

HIDD

HEDIS®/MHS/DoD/Healthy People/TRICARE Measures

Total Records

0

Date

8/14/98

ViewRecords

Letters

Utilities

Exit Program

Version 1.0

© 1998 US Air Force

Single Risk Factors

Multiple Risk Factors

User Defined Factors

Command/PC DMIS Spec

Single Risk Factors

Clinical Prev Services

Health Promotion

Disease Management

Demand Management

Other

This information is based on self-reported data and has not been assessed by a primary care manager.

Return to Main Menu

Total Records

1314

Tried Quit Smoking 12 Months

Region Consensus

Ben. Category	Population	Measure	Denominator	Met Criteria	Percentage	
Active Duty	Male and Female	Tried Quit 12 Months	362	180	49.72%	
Family Member	Male and Female	Tried Quit 12 Months	24	16	66.67%	
Retired	Male and Female	Tried Quit 12 Months	4	4	100.00%	
Fam Mem of Retired	Male and Female	Tried Quit 12 Months	4	2	50.00%	
All	Male and Female	Tried Quit 12 Months	394	202	51.27%	

Smokers who report they tried to quit smoking in the past 12 months

Met

Return to Main Menu

Return to Selection Menu

Clinical Preventive Service - Metrics and Reports

- Mammograms 40-49 (TRICARE)
- Mammograms 50-65 (TRICARE)
- Mammograms 50 + (DoD)
- Cholesterol (Screen)
- Cholesterol (High)
- Breast Exams
- Pap Smears
- Tetanus Shots
- Rectal Exams
- Testicular Exams
- Blood Pressure Screens

Return to Single Risk Menu

Total Records

1314

Mammograms 50+

DoD Standard

Not M

Ben. Category	Population	Measure	Denominator	Met Criteria	Percentage
Active Duty	Females 50+	Mammogram last 2 years	0	0	0.00%
amily Member	Females 50+	Mammogram last 2 years	0	0	0.00%
Retired	Females 50+	Mammogram last 2 years	2	2	100.00%
n Mem of Retired	Females 50+	Mammogram last 2 years	12	12	100.00%
All	Females 50+	Mammogram last 2 years	14	14	100.00%

SNAP-SHOT

< 60 %

60-79 %

> 79 %

Number of females 50 and older who report having a mammogram less than 2 years ago

Return to Main Menu

Return to Selection Menu

Multiple Risk Factors

Readiness

Prevention

Disease

Demand

This information is based on self-reported data and has not been assessed by a primary c
manager.

Return to Main Menu

Disease Management

Any diabetics with hypertension who take 3 or more medications and who have certain associated diseases (i.e. stroke, depression, heart disease or angina, kidney disease)

People who have diabetes or stroke or heart attack or angina or kidney disease and age greater than 35 and who smoke and are at risk for hypertension

People who have asthma and who have had 1 or more visits to the ER who have also been identified to be at moderate to high risk of being a high utilizer of resources

Diabetics with no clinical visits

Any individual who has chronic asthma or emphysema and who has spent more than one night in a hospital or has had 3 or more ER visits

Individuals diagnosed with depression or risk of depression and muscle/skeletal complaints or 6 or more clinical visits within the last year

Individuals who have muscular/skeletal complaints and who have a BMI > 30 or exercise less than 3 times per week

Those individuals who are probably hypertensive and who are taking medication less than half of the time

Those individuals with ulcer disease who drink 5 days or more in a two week period who has either thought of cutting alcohol consumption or are smoking and want to quit smoking in the last 12 months

Those most at risk of being chronic heavy drinkers who are most likely to be motivated to receive help for an alcohol problem

Return to Multiple Risk Menu

Total Records

1314

Disease Management

HIDD Working Group Consensus

Ben. Category	Population	Measure	Denominator	Met Criteria	Percentage
Diabetics	Diabetics : no clinic visits	Clinic visits	12	0	0.00%

Diabetics who report that they have had no clinical visits

Return to Main Menu

Return to Selection Menu

Find Record by Name

Return To Menu

LASTNAME:

FIRST_NAME:

SELF_SSN:

SPONSOR_SSN:

ADDRESS1:

CITY:

STATE:

ZIP_CODE:

PHONE:

COMMAND

GENDER UNKNOWN

SURVEY DATE

Risk Factors

Letters Printed

Cholesterol		
B. Pressure	Unknown	
Tetanus Shot	Unknown	
Smoking	Unknown	
Testicular Ex.	Unknown	
Pap Smear	Unknown	
Breast Exam	Unknown	
Rectal Exam	Unknown	
Mammogram	Unknown	

PC MANAGER

Return To Menu

HEAR 2.0
Health Evaluation &Assessment Review

HEAR 2.0

- **Originally developed as**
  - Paper-based tool
  - Additional assessment requirements
    - Nutrition, safety, dental, & reproductive health
  - Expansion of current assessment modules
    - Smokeless tobacco, alcohol & mental health
- **But…DoD efforts**
  - Put Prevention Into Practice (PPIP) and the Automating Prevention Project (PHCS)

HEAR 2.0

- **PHCS** (now named FHPA) includes:
  - Health Assessment (HEAR 2.0)
  - Clinical Preventive Services (CPS)
    - Screening and counseling
    - Based on US Prev Svcs Task Force recommendations
  - Immunization Tracking System (ITS)
- Funded by Health Affairs (HA)

HEAR 2.0
Supports Surveillance Requirements

- Clinical tool
- Epidemiology database
- Longitudinal DB
- Pre/post deployment
- Tracks health behaviors which change over time

PHCS and HEAR Version 2.0

Supports Reporting Requirements

- Healthy People 2000 goals
- HEDIS/NCQA
  - Delivery of health care
- MHSS report card
- TRICARE
- JCAHO
- MAJCOM
- Local MTF

HEAR 2.0

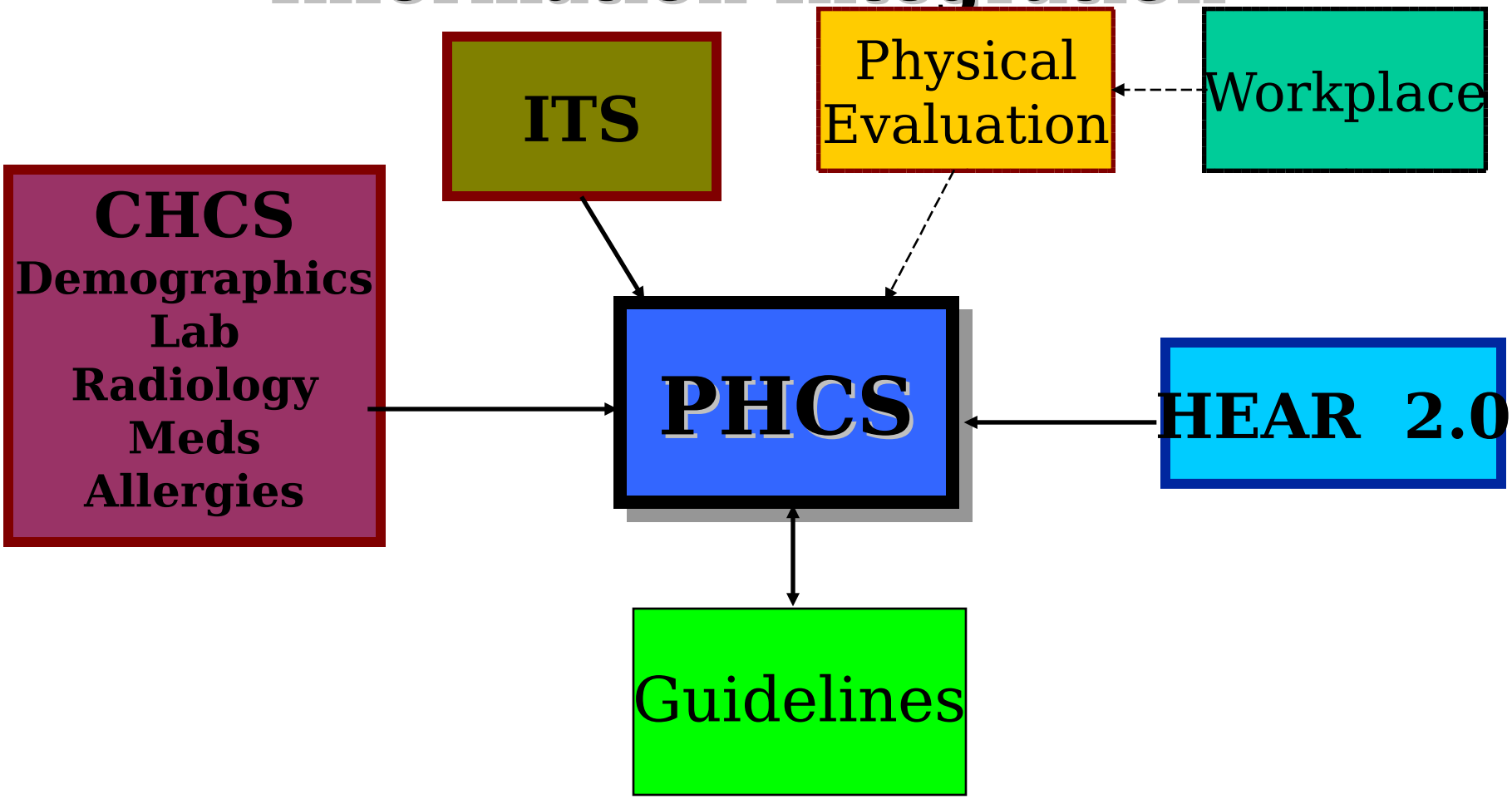
- **Pilot tested**
  - Brooks AFB, 3/98
  - Ft. Sam Houston, 5/98
- **HEAR 2.0** can be administered by direct entry (point & click, keyboard, touchscreen)

Preventive Health Care System (PHCS)

- Integrates the risk factors from HEAR
- Integrates screening exam and the lab, pharmacy,& radiology results from CHCS
- Integrates immunization data from ITS
- Links to DEERS for demographics
- Displays integrated data in a clinically useful way “at a glance” using **red**, **yellow**, **green**
- Concurrently displays the USPSTF Clinical Guidelines

Preventive Health Care System

Information Integration



PHCS Testing/Deployment

- Funded by Health Affairs
- Successful prototype (α) tested at MacDill AFB, FL
- Pilot testing (β) at individual service sites
  - Brooks AFB, TX (USAF)
  - BAMC, TX (USA)
  - Beaufort NH, SC (USN)
- Deploy DoD-wide CY 98
- PHCS support office at Tri-Service Medical System

The Next Generation (HEAR 2.5)

- Additions made to the 17-64 year old basic questionnaire

- **CHEAR** (0-16 years of age)
  - to be incorporated in PHCS CY99

- **HEAR Plus** (> 64 years of age)
  - to be incorporated in PHCS CY99

Critical Tools for Population Health Management and Building Healthy Communities

- Addresses Disease Management issues
- Addresses Demand Management issues
  - Prevention (Put Prevention Into Practice (PPIP)/Preventive Health Care System (PHCS)
  - Case Management
  - Provider/Patient Education
  - Self-Help Programs
- Demonstrates impact of efforts over time

Promotes Quality

- Describes progress towards benchmarks
  - Health Plan Employer Data and Information Set (HEDIS)
- Identifies populations at risk for high variance in care
- Identifies populations “falling through the cracks”

Promotes Customer Value and Loyalty to the Health Services System

- Helps “Reach Out” and touch our customers
  - Proactive intervention
- Affirms our promise to our customers
  - Understand their needs
  - First and foremost we want to keep you healthy

HEAR Program Management Office

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OPHSA On The World Wide Web

http://www.ophsa.brooks.af.mil

- HEAR Program Information
- PPIP Program Information
- AF Performance Measurement Tool
- Other program/service information